

PLACE OF BIRTH

1. County of Globe Gila
 District of _____
 Town of _____
 or _____
 City of Globe

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTH

State Index No. 174
 County Registrar No. _____
 Local Registrar No. 114

2. Full name of child Chyde Frantom (If birth occurred in a hospital or institution, give its NAME instead of street and number)
 3. Sex of Child Male To be answered ONLY in event of plural births. 4. Twin, triplet or other. 5. No., in order of birth. 6. Legitimate? yes. 7. Date of birth 4-18-25 (If child is not yet named, make supplemental report, as directed.)

8. FATHER
 Full name Samuel Theodore Frantom

9. Residence (Usual place of abode) Globe Ariz.
 If nonresident, give place and state

10. Color or race White
 11. Age at last birthday 22 (Years)

12. Birthplace (city or place) Pinos Altos
 (State or country) N. Mexico

13. Occupation
 Nature of industry Laborer.

14. MOTHER
 Full maiden name Willie May Britton

15. Residence (Usual place of abode) Globe Ariz.
 If nonresident, give place and state

16. Color or race White
 17. Age at last birthday 18 (Years)

18. Birthplace (city or place) _____
 (State or country) Texas

19. Occupation
 Nature of industry Housewife.

20. Number of children of this mother (Taken as of time of birth of child herein certified and including this child.) (a) Born alive and now living. 1 (b) Born alive but now dead. 0 (c) Stillborn 0 21. Were precautions taken against ophthalmia neonatorum? yes.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 7:30 A.M. on the date above stated.
 (Born alive or stillborn.)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidences of life after birth.
 Signature C. W. Adams (Physician or midwife)
 Address Globe Ariz.

Given name added from a supplemental report _____
 Month, day, year. _____
 Filed Apr 30, 1925 _____
 Local Registrar.

Registrar.

Filed _____, 19____

County Registrar.

365-418-625

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth stated.